Thinking big for the little ones – pharmacotherapies for children

Advancements in pharmacotherapies have had a significant impact on child health. The world would be a very different place were it not for antibiotics and vaccines. The rational use of existing drug therapies and the discovery of new agents have also made a huge difference to the management of chronic paediatric conditions such as juvenile idiopathic arthritis (JIA) (Lahdenne, this issue).

Clinicians prescribing pharmacotherapies for children are confronted with a number of challenges, not least the process of history taking. Often, there is an absence of reliable and targeted scientific evidence on the safety and efficacy of medicines used for the treatment of children.

Off-label use, where adult medicines are prescribed for the treatment of children, is extremely common and treatment regimens are based on data gained through clinical practice. If a paediatric medicine is not available, clinicians will need to resort to modified use of adult medicines. This is associated with a number of challenges.

Ideally, all children would have access to medicines that have been licensed for their age group. Further clinical trials are required to allow for the reliable assessment of the likely risks and benefits associated with using medicines in the treatment this highly vulnerable patient group.

The Paediatric Regulation (EC/1901/2006) came into force in the European Union in 2007 and is designed to facilitate the development and availability of medicines for children. The regulation provides paediatric research incentives for the pharmaceutical industry. A five-year report prepared by the European Medicines Agency (EMA) and the Paediatric Committee (PDCO) found that the aims of the regulation are being met, albeit slowly.

In recent years, approximately half of all 0 to 15-year-olds in Finland have received the so-called sairausvakuutuskorvaus, or reimbursement of medicine costs. Children also consume over-the-counter medicines and alternative preparations. It is therefore clear that the issues surrounding paediatric drug therapies affect a large segment of the population.

The experiences and views of parents are central to pharmacotherapy in children. Parents will always weigh up the risks and benefits of any therapies in specific relation to their own child. They must have access to as much information as they require to ensure that they are sufficiently motivated to administer therapies as prescribed. Parents consider healthcare professionals to be important and reliable sources of medicines information and their attitudes and the guidance they provide are critical to success.

Information aimed at children is also needed. To that end, Fimea will be launching an educational website targeted at primary school teachers in early January 2013. Content for children will also be added at a later date.

I would like to take this opportunity to extend my warmest thanks to all our readers for the past year and wish you all the very best for 2013.

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